

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000425

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

042

Primary Registration District No.

1000

81

STATE FILE NUMBER

FILED FEB 5 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Joseph

Length of stay in 1b
63 yearsc. CITY
OR TOWN

St. Joseph

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

d/o/a/ Methodist Hospital

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

6404 So. 11th St.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Albert

Stanturf

4. DATE
OF DEATH

Month

Day

Year

January

17

1962

5. SEX

Male

6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 14, 1881

9. AGE (last birthday)

80

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Armour & Co.

11. BIRTHPLACE (City and state or country)

Mill Grove, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Aaron Stanturf

13b. MOTHER'S MAIDEN NAME

Kiziah Butcher

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Alvin Stanturf 6404 S. 11th St.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH
suddenConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

7 years

DUE TO (c) Arteriosclerosis

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/8/54 to 1/17/62 and last saw her alive on 12/30/61
Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Sharon E. Waggoner M.D.

22b. ADDRESS

301 Illinois Ave
St. Joseph, Missouri

22c. DATE SIGNED

1/20/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

King Hill Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clark Funeral Home St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Jan. 30, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Handell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Emma A. Clark

Licensed Embalmer No. 7238

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.